



November 14, 2019

The Honorable Richard Neal  
Chairman  
House Committee on Ways  
and Means  
U.S. House of Representatives  
Washington, D.C. 20515

The Honorable Kevin Brady  
Ranking Member  
House Committee on Ways  
and Means  
U.S. House of Representatives  
Washington, D.C. 20515

Dear Chairman Neal, Ranking Member Brady, and Members of the House Ways and Means Committee:

As we face a rapidly aging America, we must address the crushing costs of long-term services and supports (LTSS) for working families and the fact that we have ignored the quality of LTSS care jobs, including home care, for far too long. We can't truly improve the essential care that older Americans and people with disabilities rely upon to live with dignity and independence unless we start with major obstacles that are holding working people back, including: low wages, lack of benefits, inadequate training and the absence of basic job protections and workplace rights. The inability to recruit workers to the care industry and the high level of turnover correlates to the poor quality of these jobs. The right of direct care workers, like home care workers and nursing home workers, to join together in unions to improve job and care quality standards, raise wages, promote training, and expand benefits is fundamental in addressing the long-term care crisis.

As the country's largest healthcare union, the Service Employees International Union (SEIU) represents about 740,000 home care workers and 150,000 nursing home workers across the United States. These workers are an essential part of the direct care workforce and they are instrumental in helping seniors and people with disabilities remain healthy, active and engaged regardless of whether they live at home or in nursing facilities.

The demand for direct care workers is expected to increase at an unprecedented rate in the near future— it is projected to grow by 30 percent—from 4.4 million to 5.8 million workers between 2016 to 2026 across care settings. Home care will add more than 1 million jobs in that period, the largest growth of any job sector in the country. Despite the demand for in-home care, low pay, lack of benefits and inadequate training makes it difficult to recruit and retain workers. As home care worker and member of SEIU Local 503 in Oregon, Rebecca Sandoval, told The Guardian in October 2019, "It has to be a career worth having or we're not going to get young people to do it . . . The senior population is going to double by 2050. We're barely meeting needs now, and if it doubles and we don't have the workforce, we're going to be in trouble. That's why there's a sense of urgency in developing the wages and benefits to attract people into this kind of work."

Policy experts confirm what home care workers know all too well from their first-hand experience. PHI noted in a recent report, "inadequacies in wages, benefits, hours, supervision, and employment supports [are] caused by systemic and persistent underinvestment in home care and its workforce. Poor job quality makes it difficult to recruit new workers to the field, including non-traditional workers, and leads to

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negative downstream effects, including high turnover, service gaps, and poor outcomes for consumers.” Beyond wages and benefits the difficulty of the job can also create challenges. Nursing assistants in nursing facilities face one of the highest work injury rates of all occupations and many facilities have insufficient staffing levels that put both workers and residents in danger. The physical demand and difficult environments that these workers face just exacerbates workforce shortages. We will never be able to fix the care worker pipeline issues if we don't first fix the job quality issue.

The poor quality of these jobs can be directly linked to racism and sexism. Fifty five percent of direct care workers are people of color and women make up 86% of the workforce. Many of these workers have historically been left out of labor rights and protections. For instance, home care workers have only recently been covered under the Federal Labor Standards Act (FLSA), and the exclusion of labor protection is largely due to the history of caregiving work being discounted as both “female” and “domestic” in nature. FLSA exclusions were included to appease southern lawmakers when it was enacted as part of the New Deal. The lasting impacts of this discrimination and sexism in the industry also play out in the form of low wages. Over 50% of home care workers live in households that rely on public assistance even though they are working, due to a median wage of \$11.52 per hour. Nursing assistants earn a median hourly wage of \$13.38, and as a result of part-time hours and erratic scheduling, median annual earnings are \$22,200. Nearly half of nursing assistants live in households earning less than 200% of the federal poverty level, and 36% of nursing assistant households rely on public assistance to make ends meet.

The implications for workers and the people and families who they support is dire. SEIU VA 512 member Lauralyn Clark, a Virginia home care worker from Richmond, has been providing home care for more than 20 years and makes just \$9.22 an hour. Ms. Clark was caring for a client in her home until the woman suffered a stroke. The loss of income while her client was in the hospital was devastating. Ms. Clark was subsequently evicted and because her client lived with her, not only did Ms. Clark lose her home, but her client did as well. In a recent article in The Guardian, Adarra Benjamin, an SEIU home care member from Illinois, discusses the choices she must make to get by on her low wages; “I deserve to make the cost of living. I should be able to afford what I honestly need. I shouldn't have to decide if I'm going to get to work or if I'm going to eat for the week. I shouldn't have to decide if I have medication for the month or if I'm going to pay my rent for the month.”

Poverty wages, a lack of benefits, and lack of training are all factors that are associated with higher turnover and vacancy rates in the front-line direct care workforce. Retirement and healthcare benefits are often out of reach for the direct care workforce. Given the low wages, retirement is not even an option. Also, workers in these industries will continue working into old age, despite the physical demands and toll, even though they may need help themselves. And while more workers have access to coverage as a result of the Affordable Care Act, many still don't have healthcare or are dealing with the repercussions of going without coverage for so long. Before Virginia finally expanded Medicaid this past year, Ms. Clark had no health coverage, “I went years without seeing a doctor. When we are sick, we can't go to the doctor—we can't afford the hospital bills and we can't afford to take a day off work.”

The LTSS industry is already feeling the workforce pinch that will only worsen as demand continues to rise. Both nursing facility and home care agency owners consistently cite recruitment and retention of workers as one of their main pain points, and home care agencies have a national turnover rate as high as 67%. Not addressing these workforce issues has serious consequences, in compromised access to services and greater unmet need, particularly in home and community-based settings. In a 2008 report, the Institute of Medicine identified the “poor quality” of direct care worker jobs as a “major factor in the deficit of direct care workers” and noted that “much more needs to be done to enhance the quality of these jobs” in order to create an effective workforce.

However, too often the conversation about women and workforce development focuses on how to help women succeed in male dominated industries. It is about time that we as a nation finally respect and recognize the importance of work done by women dominated workforces. This means not only making the appropriate investments in these workforces to lift pay, provide training, and give workers the benefits, like healthcare and retirement, that they deserve, but also providing these workers with the ability to have a say about the future of their own lives and jobs.

This is why unions and worker organizations are so essential for these workers, but the current system denies most direct care workers a viable path to unionization. Rules are rigged against workers who try to unionize, and employers have free reign to block workers who try to organize at every turn. Many home care workers are explicitly excluded from laws governing union rights, and in the places where workers have won the right to organize have been under constant attack by so-called “right to work” organizations. In nursing facilities, many workers are subjected to multiple mandatory meetings at their workplaces with anti-union labor consultants whose goal is to thwart workers attempts to unionize. Meanwhile, even direct care workers that can unionize often work in such disaggregated settings that employer-by-employer organizing is at best impractical and at worst impossible. As Lesia Lauro, an SEIU 2015 homecare worker in California recently wrote in testimony for the House Education and Labor Committee, “Home care workers like me had to fight for years to rewrite the rules just to win one of the most basic protections people working in America have—the right to form our union to be able to fight for living wages, overtime, sick leave, and training. Home care work can be so isolating—it is hard and we work in people’s homes not together at one work site. And home care doesn’t work the same way as other jobs—we don’t have a traditional boss we can hold accountable like other people do.”

When direct care workers are able to beat the odds and form unions, they’ve worked hard and succeeded in improving standards. Many unionized home care workers are making \$15 or more, have access to training, health care, and are even starting pensions and other retirement benefits, all while taking collective action to fight off cuts to the Medicaid program that would hurt their clients. Nursing home workers in unions work directly with management to improve care quality and staffing standards along with negotiating for better pay and benefits.

In Illinois, before workers formed their union, home care was a minimum-wage job, with no benefits or access to training. Through their union, workers now have access to healthcare and training, and in the self-directed Medicaid program these workers will make \$17.25 per hour by 2022. Home care workers in Washington State have not only worked through their union to significantly raise worker wages and benefits, but helped build one of the nation’s best training programs for home care workers, including a revolutionary apprenticeship program and created the first pension fund for home care workers to improve retirement security. These Washington State direct care workers are also using their collective power to combat direct care worker harrasment, abuse, and discrimination through the union’s HADit campaign. The HADit campaign elevates worker stories and experiences so workers know they aren’t alone, uses employer bargaining to address these workplace issues, provides courses for workers to give them the tools they need to support their personal health and safety, and will advocate for legislation to protect direct care workers in the coming state legislative sessions.

Furthermore, in New York City, union nursing home workers have achieved great standards in wages, health benefits, retirement security, access to training and career upgrading funds, and have extensively worked on labor management cooperation projects to improve quality standards for residents, including person-centered care practices, reducing the use of anti-psychotic drugs, and advanced training to reduce hospital readmissions. Due to the incredible standards union members have achieved, New York City nursing facilities have over 91% staff retention for nurse aides. Union nursing home members succeeded in obtaining \$15 an hour start rates and employer-funded health insurance benefits in many facilities in California, Connecticut, Massachusetts, and Pennsylvania. In California, Illinois, Oregon, and Washington, union nursing home workers successfully

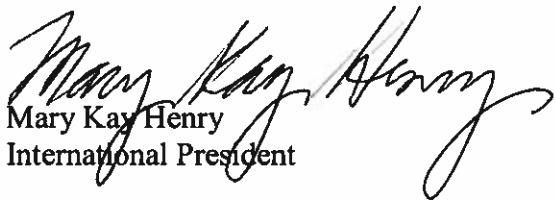
advocated for legislation that improved minimum nursing staff requirements to improve resident and worker standards of care.

In her above referenced testimony, Ms. Lauro makes clear the difference a Union has made in her life; "My union is what makes it possible for me and my fellow home care workers in California to fight for quality jobs. Through our union, we have won higher pay, better training opportunities and basic benefits like paid sick leave and overtime, and being a part of our union gives us the strength in numbers we need to make sure the state allocates the funding we need to pursue our passion and continue to provide care to those who need it. Things have gotten a lot better for me and my clients because of my union. But too many workers are still in the shadows."

If direct care jobs continue to be undervalued and underpaid, there will be little hope of meeting future demand. Alternatively, by improving conditions, attracting workers, and allowing them to unionize, we can help create a sustainable LTSS workforce. High quality care can be provided through well trained and well paid direct care workers with quality jobs, now and into the future.

Thank you for the opportunity to share our expertise. If you have any questions, please contact Ilene Stein at [Ilene.stein@seiu.org](mailto:Ilene.stein@seiu.org) or (202)-730-7216.

Sincerely,



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cc: Members of the House Committee on Ways and Means